



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/20/93

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD987041019

FACILITY NAME -> RUSSELL PLASTICS TECH CO INC

MAILING ADDRESS -> 521 W HOFFMAN AVE
LINDENHURST, NY 11757

INSTALLATION ADDRESS -> 521 W HOFFMAN AVE
LINDENHURST, NY 11757

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: LUCCHESSE, ROY
QA MGR
RUSSELL PLASTICS TECH CO INC
521 W HOFFMAN AVE
LINDENHURST, NY 11757

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

(For Official Use Only)

081993 (BL)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site name)

RUSSELL PLASTICS TECH CO.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

521 W. HOFFMAN AVE

Street (continued)

City or Town

LINDENHURST

State

ZIP Code

NY 11757-

County Code County Name

1103 SUFFOLK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

LUCKESSE

(first)

ROY

Job Title

Q.A. MANAGER

Phone Number (area code and number)

516-226-3700

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing



X

B. Street or P.O. Box

521 W. HOFFMAN AVE

City or Town

LINDENHURST

State

ZIP Code

NY 11757-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

B.T.R. INC.

Street, P.O. Box, or Route Number

1000 ONE MAIN PLACE

City or Town

STANFORD

State

ZIP Code

CT 06902-

Phone Number (area code and number)

203-324-3600

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)
Month Day Year

Continue on reverse

DAB 030 275 689
NYD 987041019

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractory
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2 D001	3 F005	4 F001	5 D001	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Roy Lucchesse

Name and Official Title (type or print)

Roy Lucchesse Q.A. MANAGER

Date Signed

8-16-93

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)